

<b>FCC Form 481 – Carrier Annual Reporting</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
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<b>&lt;010&gt; Study Area Code</b>	421759
<b>&lt;015&gt; Study Area Name</b>	CRAW-KAN TEL COOP-MO
<b>&lt;020&gt; Program Year</b>	2014
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Brian Davied
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	620-724-8235
<b>&lt;039&gt; Contact Email Address: Email of the person identified in data line &lt;030&gt;</b>	bdavied@ckt.net

ANNUAL REPORTING FOR ALL CARRIERS			S4.313 Completion Required	S4.422 Completion Required
<b>&lt;100&gt;</b>	Service Quality Improvement Reporting	(complete attached worksheet)	4	
<b>&lt;200&gt;</b>	Outage Reporting (voice)	(complete attached worksheet)	4	4
<b>&lt;210&gt;</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> ← check box if no outages to report			
<b>&lt;300&gt;</b>	Unfulfilled Service Requests (voice)	0	4	
<b>&lt;310&gt;</b>	Detail on Attempts (voice)	(attach descriptive document)		
<b>&lt;320&gt;</b>	Unfulfilled Service Requests (broadband)	0	4	
<b>&lt;330&gt;</b>	Detail on Attempts (broadband)	(attach descriptive document)		
<b>&lt;400&gt;</b>	Number of Complaints per 1,000 customers (voice)		4	4
<b>&lt;410&gt;</b>	Fixed	0.0		
<b>&lt;420&gt;</b>	Mobile	0.0		
<b>&lt;430&gt;</b>	Number of Complaints per 1,000 customers (broadband)		4	
<b>&lt;440&gt;</b>	Fixed	0.0		
<b>&lt;450&gt;</b>	Mobile	0.0		
<b>&lt;500&gt;</b>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	4	4
<b>&lt;510&gt;</b>	421759mo510	(attached descriptive document)	4	4
<b>&lt;600&gt;</b>	Functionality in Emergency Situations	(check to indicate certification)	4	4
<b>&lt;610&gt;</b>	421759mo610	(attached descriptive document)	4	4
<b>&lt;700&gt;</b>	Company Price Offerings (voice)	(complete attached worksheet)		
<b>&lt;710&gt;</b>	Company Price Offerings (broadband)	(complete attached worksheet)		
<b>&lt;800&gt;</b>	Operating Companies and Affiliates	(complete attached worksheet)		
<b>&lt;900&gt;</b>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)		
<b>&lt;1000&gt;</b>	Voice Services Rate Comparability	(check to indicate certification)		
<b>&lt;1010&gt;</b>		(attach descriptive document)		
<b>&lt;1100&gt;</b>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)		
<b>&lt;1110&gt;</b>		(complete attached worksheet)		
<b>&lt;1200&gt;</b>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		4

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**  
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<b>&lt;2000&gt;</b>		(check to indicate certification)	4	
<b>&lt;2005&gt;</b>		(complete attached worksheet)		

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<b>&lt;3000&gt;</b>		(check to indicate certification)	4	
<b>&lt;3005&gt;</b>		(complete attached worksheet)	4	

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/  
July 2013

<010> Study Area Code 421759  
<015> Study Area Name CRAN-KAN TEL COOP-MO  
<020> Program Year 2014  
<030> Contact Name - Person USAC should contact regarding this data Brian David  
<035> Contact Telephone Number - Number of person identified in data line <030> 620-724-0235  
<039> Contact Email Address - Email Address of person identified in data line <030> bdavid@ckt.net

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒  
If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5  
<111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

\_\_\_\_\_  
Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets  
<114> Report how much universal service (USF) support was received  
<115> How (USF) was used to improve service quality  
<116> How (USF) was used to improve service coverage  
<117> How (USF) was used to improve service capacity  
<118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-IGAN TEL COOP-MO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Brian Davied
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-724-8235
<039>	Contact Email Address - Email Address of person identified in data line <030>	bdavied@ckt.net

[illegible]

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## FCC Form 481 Certifications

FCC Form 481 Lines 510  
Craw-Kan Telephone Cooperative, Inc.  
SAC 421759

### Line 510: Service Quality Standards & Consumer Protection Rules Compliance

#### Service Quality Standards.

Craw-Kan Telephone Cooperative, Inc. complies with the service quality standards of the Missouri Public Service Commission as set forth in 4 Code of State Regulations (CSR) 240, Chapter 32 (even though compliance with these regulations has been waived by the Missouri Public Service Commission).

#### Consumer Protection Rules.

Craw-Kan Telephone Cooperative, Inc. complies with the following consumer protection rules:

- Craw-Kan Telephone Cooperative, Inc. complies with the consumer protection rules of the Missouri Public Service Commission as set forth in 4 CSR 240, Chapter 33 (even though compliance with these regulations has been waived by the Missouri Public Service Commission).
- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

## **FCC Form 481 Certifications**

FCC Form 481 Line 610

Craw-Kan Telephone Cooperative, Inc.

SAC 421759

### **Line 610: Functionality in Emergency Situations**

- Craw-Kan Telephone Cooperative, Inc. has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god. These provisions include, but are not limited to, installing adequate battery reserves capacity where needed, training personnel in appropriate emergency procedures and maintaining the ability to reroute traffic around damaged facilities. {47 CFR§54.202(a)}

<039> Contact Email Address - Email Address of person identified in data line <030> bdavied@cict.net

1/1/2013

<702> Single State-wide Residential Local Service Charge

10/11/2013

010	Study Area Code	421759
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Q15> Study Area Name	CRAW-KAH TEL COOP-MD
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<b>&lt;020&gt; Program Year</b>	<b>2014</b>
---------------------------------	-------------

<030>	Contact Name - Person USAC should contact regarding this data	Brian Davied
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<035> Contact Telephone Number - Number of person identified in data line <030> 620-724-8235

<039> Contact Email Address - Email Address of person identified in data line <030> bdaived@lct.net

<711>

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# Data Collection Form

OMB Control No. 3060

July 2013

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-NO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Brian Davied
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-724-8235
<039>	Contact Email Address - Email Address of person identified in data line <030>	bdavied@ckt.net
<810>	Reporting Carrier	Craw-Kan Telephone Cooperative Inc.
<811>	Holding Company	None
<812>	Operating Company	None

[illegible]

10/11/2013



**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-098  
July 2013

<010>	Study Area Code	421759
<015>	Study Area Name	CHAW-KAN TBL COOP-MD
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Brian Davied
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-724-8235
<039>	Contact Email Address - Email Address of person identified in data line <030>	bdavied@ckt.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

\_\_\_\_\_  
Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- |  | Select<br>(Yes, No,<br>NA) |
|--|----------------------------|
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; |                            |
| <922> Feasibility and sustainability planning;   |                            |
| <923> Marketing services in a culturally sensitive manner;   |                            |
| <924> Compliance with Rights of way processes  |                            |
| <925> Compliance with Land Use permitting requirements   |                            |
| <926> Compliance with Facilities Siting rules  |                            |
| <927> Compliance with Environmental Review processes   |                            |
| <928> Compliance with Cultural Preservation review processes   |                            |
| <929> Compliance with Tribal Business and Licensing requirements.                                    |                            |

10/11/2013

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3050-0986/C  
July 2013

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Brian Davied
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-724-8235
<039>	Contact Email Address - Email Address of person identified in data line <030>	bdavied@ckt.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

10/11/2013

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/  
July 2013

<010>	Study Area Code	421759
<015>	Study Area Name	CHAW-KAN TEL COOP-MD
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Brian Davied
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-724-8235
<039>	Contact Email Address - Email Address of person identified in data line <030>	bdavied@ckt.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

421759mb1210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP \_\_\_\_\_

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

☐

<1222> Details on the number of minutes provided as part of the plan,

☐

<1223> Additional charges for toll calls, and rates for each such plan.

☐

10/11/2013

## **FCC Form 481 Certifications**

FCC Form 481 Line 1210  
Craw-Kan Telephone Cooperative  
SAC 421759

### **Line 1210: Lifeline Terms and Conditions**

Lifeline subscribers receive unlimited local calling at a discount of \$9.25.

## LOCAL EXCHANGE SERVICE

### Lifeline Services

#### A. Missouri Universal Service Fund Low-Income Assistance

1. General-A low-income customer is any customer who requests or received residential essential local telecommunications service and who has been certified by the Department of Social Services (DSS) as economically disadvantaged. Qualified individuals will receive discounted services under either the low-income assistance or the disabled assistance program.
2. Regulations-Low income assistance is available to all residential customers who demonstrate, by self certifying with the company under penalty of perjury, that they are eligible for support by participation in:
  - a) Mo HealthNet (f/k/a Medicaid) (T)
  - b) Food Stamps
  - c) Supplemental Security Income (SSI)
  - d) Federal Public Housing Assistance or Section 8
  - e) Low Income Home Energy Assistance Program
  - f) National School Free Lunch Program (T)
  - g) Temporary Assistance for Needy Families, or (T)
  - h) The customer's income, as defined in 47 CFR §54.400(f), is at or below 135% of the Federal Poverty Guideline (eff. June 1, 2012). (N)
3. Eligible Services – Essential local telecommunications service is defined as two (2) way switched voice residential service within a local calling scope as determined by the commission, comprised of the following services and their recurring charges: (T)
  - a) Single line residential service, including touch-tone dialing and any applicable mileage or zone charges
  - b) Access to local emergency service, including, but not limited to, 911 service established by local authorities
  - c) Access to basic local operator services
  - d) Access to basic local directory assistance
  - e) Standard intercept service
  - f) Equal access to Inter-Exchange Carriers consistent with rules and regulations of the FCC
  - g) One (1) standard white pages directory listing
  - h) Toll blocking or toll control for qualifying low-income customers

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**Local Exchange Service**

**Lifeline Services** (cont'd)

4. **Support Amount – Customers eligible under the established criteria can receive a discount** from their bill for essential local telecommunications service equal to the amounts approved by the Missouri Public Service Commission and the Federal Communications Commission. The amount of combined federal and state lifeline support for any customer will not exceed the sum of the federal Subscriber Line Charge (SLC) and the recurring charges for essential local telecommunications services (including the basic service rate, Touch-Tone calling charge, extended area service additive, and mileage additives, if any).

**B. Missouri Universal Service Fund Disabled Assistance**

1. **General** – A disabled customer, or a dependent of a disabled customer, is a customer who requests or receives essential local telecommunications service, as defined in section 4.1(C) of this tariff, and meets the eligibility requirements set forth in this tariff.
2. **Regulations** – Disabled assistance is available to all residential customer who demonstrate, by self certifying with the company under penalty of perjury, that they, or a dependent, are totally and permanently disabled or blind and receiving any of the following:
- a) Federal Supplemental Security income benefits
  - b) Veterans Administration benefits
  - c) State blind pension pursuant to Section 209.010 to 209.160, RSMo
  - d) State aid to blind persons pursuant to Section 209.240 RSMo.
  - e) State supplemental payments pursuant to Section 208.030, RSMo Section 660.100.2 RSMo 2000.
3. **Support Amount** – Customers eligible under the established criteria can receive a discount equal to the amount approved by the Missouri Public Service Commission from their bill for essential local telecommunications service. The amount of state lifeline support for any customer will not exceed the recurring charges for essential local telecommunications services (including the basic service rate, Touch-Tone calling charge, extended area service additive, and mileage additives, if any).

**LOCAL EXCHANGE SERVICE**

**"Missouri Universal Service Fund"**

1. Company will place on each retail end-user customer's bill, a surcharge equal to the Missouri Universal Service Fund percentage assessment ordered by the commission.
2. The surcharge will appear as a separate line item detailed as "Missouri Universal Service Fund."
3. The surcharge percentage will be applied to the total of each customer's charges for intrastate regulated telecommunications services that meet the definition of net jurisdictional revenues at 4 CSR 240-31.010(12).

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Issued: March 18, 2005

Effective: April 17, 2005

Jerry James  
Craw-Kan Telephone Coop, Inc.  
200 N. Ozark  
Girard, KS 66743

# Missouri's Telephone Assistance Programs

Programs are available in Missouri offering discounted phone service if a subscriber or member of the subscriber's household meets certain qualifying criteria. This program may also be called "Lifeline" or "Missouri USF."

An application must be completed along with proof of participation in one of the qualifying programs and sent to your local telephone provider.

The Low-Income program offers discounts of up to \$12.75 per month depending on your local phone company.

The Disabled program is limited to a \$3.50 monthly discount.

- Commonly Asked Questions (/Telecommunications/Commonly\_Asked\_Questions)

## Qualifying Criteria for Low-Income Program

- Food Stamps
- MO HealthNet (Medicaid)
- Low Income/Home Energy Assistance Program
- Temporary Assistance to Needy Families program
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance or Section 8
- National School Lunch Program
- 135% of the Federal Poverty Level

## Qualifying Criteria for Disabled Program

- Veteran Administration Disability Benefits
- State Blind Pension
- State Aid to Blind Persons
- State Supplemental Disability Assistance Payments Administered by the Family Support Division
- Federal Social Security Disability
- Federal Supplemental Security Income



**(2000) Price Cap Carrier Additional Documentation****Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**

FCC Form 481

OMB Control No. 301

July 2013

<010>	Study Area Code	411759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Brian Davied
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-724-8235
<039>	Contact Email Address - Email Address of person identified in data line <030>	bdavied@cctt.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))  
<2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

<input type="checkbox"/>
<input type="checkbox"/>

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

<2012> 2013 Frozen Support Certification  
<2013> 2014 Frozen Support Certification  
<2014> 2015 Frozen Support Certification  
<2015> 2016 and future Frozen Support Certification

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

<2016> Certification Support Used to Build Broadband

<input type="checkbox"/>
--------------------------

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

<2017> 3rd year Broadband Service Certification  
<2018> 5th year Broadband Service Certification  
<2019> Interim Progress Certification  
<2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.  
<2021> Interim Progress Community Anchor Institutions

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Name of Attached Document Listing Required Information

10/11/2013

**(3000) Rate Of Return Carrier Additional Documentation****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0946/CMB Control No. 3060-0819

July 2013

<010> Study Area Code 421759  
<015> Study Area Name CRAW-KAN TEL COOP-MO  
<020> Program Year 2014  
<030> Contact Name - Person USAC should contact regarding this data Brian Davied  
<035> Contact Telephone Number - Number of person identified in data line <030> 620-724-8235  
<039> Contact Email Address - Email Address of person identified in data line <030> bdavied@ckt.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

**Progress Report on 5 Year Plan**

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/> <input type="checkbox"/>
(3015)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
(3019)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3020)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3021)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.		<input type="checkbox"/>
(3022)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3023)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3024)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3025)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	421759mo3026

10/11/2013

## **FCC Form 481 Certifications**

FCC Form 481 Line 3026  
Craw-Kan Telephone Cooperative  
SAC 421759

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"This section (pages 20-50) is Redacted for Public Inspection in its entirety"

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	421759
<015> Study Area Name	CRAW-KAN TEL COOP-MO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Brian Davied
<035> Contact Telephone Number - Number of person identified in data line <030>	620-724-6235
<039> Contact Email Address - Email Address of person identified in data line <030>	bdavied@ckt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	CRAW-KAN TEL COOP-MO
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/14/2013
Printed name of Authorized Officer:	Craig Wilbert
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	620-724-6235
Study Area Code of Reporting Carrier:	421759 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/ OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	421759
<015> Study Area Name	CRAW-KAN TEL COOP-HO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Brian Davied
<035> Contact Telephone Number - Number of person identified in data line <030>	620-724-9235
<039> Contact Email Address - Email Address of person identified in data line <030>	bdavied@ckrt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF.

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or U Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier: CRAW-KAN TEL COOP-HO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 421759	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or U Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: CRAW-KAN TEL COOP-HO	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier: 421759	Filing Due Date for this form: 10/15/2013
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## Attachments